

#### STATE OF NEW HAMPSHIRE

#### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

1. Name of Lobbyist(s)	Debra Va	Debra Vanderbeek, Robert Clegg, Periklis Karoutas, Leann Moccia			
II. Name of lobbyist's part	tnership, firm or	corporation, if any:			
Legislative	Solutions, L.L.C	•			
(Name of p	oartnership, firm or	corporation)			
P.O. Box	(10724	Bedford	NH	03110	
Business Address: (Street)		(Town/City)	(State)	(Zip Code)	
( ) 603-986-9145	(	)	<sub>e-mail</sub> dbeek@aol.c	om	
(Telephone)		(Fax)			
III. This statement covers: reportable expense transa-			for each client, OR you may fing one client).	ile a separate report for	
			reporting date relative to the fo	llowing client:	
	ured Workers' P	· · · · · · · · · · · · · · · · · · ·	** D		
OR (Full	I Name of Client as	it appears on the Lobby	ist Registration Form)		
		(including the lobbyi	st's family), or the lobbying fir	m listed below which are	
•	ril 26, 2017 🛚 m date of registrati	on to 3/31/17 a	July 26, 2017 🖄 activity from 4/1/17 to 6/30/17		
	tober 25, 2017 [ ty from 7/1/17 to 9/		January 31, 2018 ☐ activity from 10/1/17 to 12/31/17		
			ansactions made since the lecretary of State's Office, State		
VI. Check if additional rep	oorts are attache	d:			
			Addendum A- Fees and Exper	ises	
			nust file <b>Addendum B</b> – Report		
☐ If you, your firm, or you	ur family has mad	le political contributio	ns, you must file Addendum (	C- Political Contributions	
Sworn Statement/Affirmat I have read RSA 15, RSA 1: and complete to the best of	5-B, RSA 14-C at	nd RSA 664 and hereb	oy swear or affirm that the fore		
(Signature of lobbyist)			(Date)	RECEIVED	
Debra Vanderbeek		<u> </u>			
(Print Name of lobbyist)				JUL <b>31</b> 2017	

NEW HAMPSHIRE DEPARTMENT OF STATE

# LEASE PRINT

## STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Injured Workers' Pharmacy	Date July 10, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ _7500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>7500.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 15,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a busines is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50 expense reimbursement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$ 7500.00
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 7500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>7500.00</u>
f) Total of all expenses year to date	f) \$ 15,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
alplane	July 10, 2017
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Client (leave		• • • •	ns corporation and not related to any
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017	October 25, 2017 □	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
	m that the foregoing in my knowledge and bel	lief.	nt and each Addendum is true and
(Signature of lobbyist			(Date)
Robert Clegg	U		
(Print Name of lobbyis	st)	<del></del>	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis
Statement of Income and Expenses for:
Name of Laboratory and the Company

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions
·	e blank if Statement is fo	• • • •	corporation and not related to any
Date of Report (check	k one):		
April 26, 2017 □	July 26, 2017	October 25, 2017 🗆	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A	(s).		
Addendum B	(s).		
Addendum Co	(s).		•
- / / /	rm that the foregoing in	lief.	nt and each Addendum is true and
		July	10, 2017
(Signature of lobbyist	7		(Date)
Periklis Karoutas			
(Print Name of lobbyi	st)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	affirmation by Lobb ne and Expenses for:	-		
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions	
	blank if Statement is f	or the partnership, firm, or	corporation and not	related to any
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 💢	October 25, 2017 □	January 31, 2018	□.
		he Statement of Income ar nat Statement (insert the no	-	
Addendum A(	s).			
Addendum B(	s).			
Addendum C(	s).			
	m that the foregoing in f my knowledge and be	nformation on the Statemen	nt and each Addendu	ım is true and
flann IV	Villa	July 1	10, 2017	
(Signature of lobbyist		-	(Date)	•
Leann Moccia				